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Automating for Better Care Forum – Meeting Summary 26 February 2026

1. Welcome and Chairs Update

- Attendees were welcomed by Lord Carter of Coles and Dr Keith Ridge CBE (Co-Chairs of the Automating for Better Care Forum).
- After being established by BD and expanding to involve multiple suppliers, Automating for Better Care (A4BC) is now moving into a new phase with the Professional Record Standards Body (PRSB) now providing the Forum's secretariat. PRSB is an independent community interest company and membership organisation established for 13 years dedicated to the development and implementation of health and care data standards. Members include the Royal Colleges, social care organisations, industry and system suppliers, patient and carer groups, regulators and the Devolved Administrations.

2. Update on the Windsor Framework impact on medicines barcoding

- Lord Carter (LC) summarised the House of Lords Public Services Committee Inquiry on Medicines Security, the findings of which have been summarised in the recent report. There are three main aspects to the inquiry: day to day issues with supply chains and the need for systems to better manage and forecast supply; the dependence of the UK on other countries for Active Pharmaceutical Ingredient (API) manufacturing, in particular China and India; and, managing supply chains in periods of national emergency. The Committee strongly recommended that 2D barcoding was essential for medicines security and supply chain tracking.
- Keith Ridge (KR) noted that 2D barcoding should be a central part of medicines supply chain digitisation, formulary management and outcomes monitoring in connected medication management.
- George Lawson (GL) from GS1 presented on 2D barcodes and errors in GTIN (Global Trade Item Number) information.
    - The Windsor Framework stated that medicines do not need a serialisation number. As a result of this change, manufacturers have been removing 2D barcodes from medicines packaging to reduce printing and production costs. This issue has particularly affected generic medicines, where margins are low, and unlicensed medicines. There is also an issue around the reuse of GTINs which causes problems when they are not unique to a particular medicine pack.
    - The barcoding issue affects everyone in the supply and pharmacy chain; wholesalers have to manually process information; pharmacies are unable to use automated workflow systems; and, solution providers have to 'overlabel' to compensate for the lack of barcode.

    - In April 2025, GS1 convened a pharmacy group, including NHSE and pharmacists, to understand the challenges. As a result of this work, in June 2025, the UK's four Chief Pharmaceutical Officers wrote an open letter urging pharmaceutical companies in the UK to continue including 2D barcodes on all medicine packs "given the safety and operational benefits".
    - The GS1 pharmacy group wrote to the MHRA asking for GTINs to be included in MHRA guidance. The MHRA published a blog on GTINs with no further action as this point.
    - The Royal Pharmaceutical Society has published a position statement, including the need for barcoding and regulatory changes.
    - While DHSC are working on master product information for medical devices, there is no equivalent for medicines. dm+d could be an information master to support GTIN accuracy.
- Currently significant numbers of medicines do not have a barcode. A recent inventory stock check at one NHS Trust found that 38% of products did not have a barcode. This contrasts with other sectors, like food packaging, where the use of barcodes is standard.
- The impacts are not just about patient safety, for which there is a lot of evidence, but also the financial and operational benefits that come from supply chain optimisation (stock control, efficiency, tracking patient outcomes). There is also an impact on the introduction of electronic patient leaflets.
- Resolving the issue may need legislation rather than guidance so the work of A4BC should involve making the case to Ministers. Prior to Brexit, the UK was planning to adopt the EU Falsified Medicines Directive (FMD) into UK legislation, which required 2D barcodes to scan products into and out of the supply chain. The current UK Government has not committed to developing a UK equivalent. Whilst FMD was primarily designed to prevent counterfeit medicines from entering the supply chain, there were other benefits such as patient safety improvement and stock procurement and management.
- There is likely to be a Parliamentary debate on the House of Lords Medicines Security report for which A4BC could produce a briefing on the importance of 2D barcodes in supply chain management and digitisation.
- The Forum agreed there is a role for A4BC in raising awareness about the scale and impact of this issue and ways in which it could be addressed. This should include producing a briefing ahead of the upcoming Parliamentary debate making the case for change. The briefing should involve examples and anecdotes and suggest questions that could be raised with Ministers. 1D barcodes could be a useful compromise. **Action 1: the PRSB to put together a briefing making the case for 2D barcodes to be mandatory on medicines packaging.**

3. New direction for the A4BC programme for 2026 and beyond

- Oliver Lake (OL), CEO of the PRSB gave a presentation on A4BC's approach now the PRSB are providing the secretariat for the group. The purpose remains the same: to accelerate the implementation of connected medication management (CMM) through evidence-based advocacy. Through the PRSB, the work of the

Forum and working groups will be independently run, facilitated and governed. The Forum will be expanding to include other specialities and organisations (e.g. nursing, digital leads and linking with Tech UK) and involve representatives from a wider geographical area.

- A4BC's original goal was to communicate the benefits of CMM. To date the Forum been successful, submitting evidence to the Health and Social Care Committee Inquiry into Pharmacy resulting in relevant recommendations, and supporting NHS England in its transformation activity. We now have two exemplars of CMM deployment, and independent evaluation work is currently being undertaken, funded by BD. There are upcoming opportunities such as the implementation of the National Cancer Plan to further influence policy.
- Going forward, the A4BC Forum should work in collaboration with others such as NHS England and DHSC and increase the impact of the group by contributing to national programmes and through advocacy. OL invited A4BC members to contribute ideas for potential areas of work and opportunities for influencing that can be taken forward by the Forum.
- Potential areas of work and opportunities for influencing could include:
    - Recent electronic prescribing and EPR technology adoption in one NHS Trust has improved the safety of dispensing but the pharmacy workforce now is now larger than before. There is further work to be done to optimise deployment of technology to realise and demonstrate improvements in productivity and savings benefits of these technologies.
    - Standardisation is not just about the technology, but also the people, processes and clinical care needs. There needs to be incentivisation to drive the standardisation.
    - A4BC could work in government priority areas, for example the implementation of the National Cancer Plan for England working in areas where standardisation could make a difference. For example, there is a lack of standardisation in cancer chemotherapy products and use. The Forum could bring together relevant parties (including CMM technology suppliers) to increase product standardisation, supporting current work such as that of the British Oncology Pharmacy Association, through the system to work out how CMM and standardisation would work in this situation, to demonstrate what best practice could look like, and deliver benefits for patients and the NHS.
    - A4BC's activities should be aligned and in support of the ongoing work on the Single National Formulary.
    - There are multiple programme business cases going through the NHS technical portfolio, which will ultimately set priorities. A4BC could provide evidence to support and promote the role of CMM in this planned work.
    - A4BC can play a role in improving engagement between suppliers and the health system.
- It was agreed that the PRSB would work up a policy and advocacy plan to bring to the next meeting of the Forum. **Action 2: the PRSB to produce a draft policy and advocacy plan for discussion at the next meeting of the Forum.**

4. New A4BC working group projects on formulary mapping and standardisation and workflows and systems interoperability

- Charlie McCay (CM) presented the plans for the A4BC working groups. Interoperability and the sharing of medication related information within and beyond Trust boundaries is problematic.
- The first project will look to develop a logical data model for the medicines catalogue/medicines formulary that extends beyond dm+d. It will look at existing models used by suppliers and providers, and home in on areas where consistency matters the most. It will also look at national and international standards. Alongside the logical model, a validation service to support the consistent addition of medicines to the formulary could be developed. The benefit of this would be efficient and effective sharing of medicines data.
- Discussion of this provided the following insights:
  - The scale of the issue is significant. Within one single Trust, across multiple sites, each new medicine must be manually added to seven different systems.
  - This is an 'unseen challenge', and the working group can support raising awareness of this. As an initial step, the working group could carry out and publish some discovery work. This discovery work could include assessment of costs of implementation to give confidence and credibility to the outputs. The group could then work on areas where intervention might be practical and where inconsistency is causing the most problems.
  - From a supplier point of view, there will need to be a business case for the implementation of changes. Engagement with suppliers should be carried out in parallel to the initial discovery work to understand and help develop this business case, and to suppliers should be involved in the work. Endorsement from both suppliers and providers could be compelling.
- CM presented the second project on interoperability. There is no known national reference document describing the medicines management workflows for systems, data and people. Each organisation does things a bit differently, and so it is not possible to mandate a single set of workflows that should be used in all situations. The idea would be to look at these processes and workflows, identify commonality and understand what workarounds are being developed and why national specifications are not used.
- This would not look to duplicate the work of NHSE and close engagement with NHSE will be essential to ensure it builds on their work.
- There should be an initial piece of work, delivered quickly, that is short, sharp and pithy. This should enable the group through engagement with suppliers, providers and the NHSE community to understand whether something more substantial should be taken forward. The timeline for impact for the overall programme is June 2027.
- Whilst standards are important, adoption and implementation will be key and both should be high priority and properly considered at the beginning and throughout the projects.

- It was agreed that A4BC will take forward this work taking on board the feedback provided during this discussion. **Action 3: the PRSB to take forward these projects with an initial discovery phase involving suppliers and considering implementation from the beginning.**

5. Closing remarks

- Attendees were thanked for their contributions to the discussion.
- The next meeting of the Forum will be on 18 May 2026.

Annex 1 – Attendees

Name	Role	Organisation
Lord Carter of Coles	Co-Chair	House of Lords
Keith Ridge CBE	Co-Chair	Former Chief Pharmaceutical Officer for NHS England
Karl Bailey	Chief Sales Officer	Kinetic ID
Sam Coopey	Integration & Connectivity Solution Manager - Hospital Automation	BD
Dipak Duggal	Director of Medical Affairs International	BD
Rob Duncombe	Chief Pharmacist	The Royal Marsden NHS Foundation Trust
Will Johnson	Head of Strategic Finance	The Royal Marsden NHS Foundation Trust
Rebecca Jones	Policy and Advocacy Consultant	PRSB
Oliver Lake	Chief Executive Officer	PRSB
Georgina Lawton	Head of Healthcare	GS1 UK
Guy Lucchi	Healthcare Managing Director	System C
Charlie McCay	Technical Advisor to PRSB	PRSB / Ramsey Systems
Raliat Onatade	Chief Pharmacist, Director of Medicines and Pharmacy	NHS North East London
Greg Quinn	Director of Public Policy & Advocacy	BD
Tanya Serebryanska	Market Development and Access Manager - MMS	BD
Rahul Singal	Chief Pharmacy & Medicines Information Officer & Senior Responsible Owner for Digital Medicines	NHS England
Patrick Singh	Lead Pharmacist for Digital and Informatics	Cwm Taf Morgannwg University Health Board.
Ann Slee	Independent Specialist	Independent Specialist
James Squires	Policy and Advocacy Consultant	PRSB

Sarah Thompson	CCIO (Pharmacy and Medicines)	Liverpool University Hospitals NHS Foundation Trust
Nancy West	Northern Europe Hub Director – Medication Management Solutions	BD
Rachel Woodcock	Associate Director - Implementation and Partnerships	PRSB
Erika Zepezauer	Marketing and Communications Director	BD